

the columns of Goll showed marked evidence of myelitis.

Another case, a man of about the same age, similar antecedents and accidents, began to show, eight years after the chancre, a paresis which involved successively the fingers of the left hand, and beginning in the little finger of the right. A few months afterward he had atrophy of the muscles of the neck and pain in this region; afterward the right hand became very much atrophied. Two years afterward, the condition of the patient is as follows: The head has fallen forward on the chest, *main en griffe*; the shoulders are beginning to atrophy. The lower extremities are intact, save an exaggeration of the reflexes; there are no sensory troubles. Treatment of no avail; at least after two years treatment there is no amelioration; the disease is apparently stationary.

J. C.

Angiaphobia.—This is the name given by Huchard to a condition often seen in patients who are fearful lest they have heart disease. He cites the case of a hypochondriac who consulted him for angina. Examination demonstrated only a pseudo-angina,—that is a cardialgia. Douches were ordered; the patient was not convinced, however, that he did not have heart disease. Two years afterward he committed suicide by shooting himself through the heart. Huchard gives the following three laws for differentiating true and pseudo-angina:

1. Angina produced by effort is a true angina.
2. Angina produced spontaneously is a pseudo-angina.
3. If angina shows itself after effort and disappears, then reappears spontaneously, as it were, at night, the first law still holds, and we have to deal with a true angina.

J. C.

A Case of Siringomyelia.—Lloyd (*University Medical Magazine*, March, 1893). The case reported by the above writer, was a young man with good family and personal history, who, four years before his death, was taken ill for the first time with what was considered rheumatism, resulting from exposure. On his admission to the hospital he presented the appearance of a typical case of amyotrophic lateral sclerosis. The evidences of the muscular atrophy and spastic condition were much more marked on the right than on the left side.

The dissociation symptom of syringomyelia was present to a marked degree, and in addition there were small

areas of anæsthesia on the neck, shoulders and front of the waist. In contra distinction to the distinctness of the motor symptoms on the right side, the sensory were more marked on the left. The trophic disorders, which the patient presented were an arthropathy of the right ankle, pigmentation of the skin of the lower extremities, and slow death of the nails. The patient died of pneumonia, and on autopsy the cord was found to contain a cavity, extending from the lower part of the medulla to the dorsal region. In the greater extent of the cervical region the canal was very large. Microscopical examination showed the diseased process to extend from the medulla to the lower lumbar region. In the medulla the process was diffused in various areas, and a cavity had not yet formed. In the cervical region the cavity was formed and very extensive secondary effects in the white matter; in the dorsal region the process was more limited, and the glioma tended to one side, while in the lumbar enlargement the process was in a very early stage prior to the formation of the cavity.

The author is with the majority in considering that the essential pathological change in the disease known as syringomyelia, is a proliferation of an embryonal tissue remaining in that region of the cord in which the medullary folds in the embryo close over to form the central canal. In this respect he is not in accord with Joffroy and Huchard, who incline to the non-gliomatous nature of syringomyelia. J. C.

A Case of Melancholia ; Sudden Illness and Death (Elkins, *Lancet*, April 15, 1893).—A patient of severe neurotic inheritancy, while suffering from a second attack of melancholia, which was progressing very favorably, suddenly presented a picture of severe shock and collapse. On account of the fact that he had always had delusions referable to his digestive organs, the symptoms were not considered so foreboding of danger as they would ordinarily. Death took place thirty-five hours after the onset of the acute symptoms. On post mortem examination it was found that about three and one-half feet of the small intestine had become strangulated in consequence of passing through what appeared to be a congenital slit in the mesentery. Mr. Elkins remarks, that the case once more emphasizes the fact that delusions, especially those relating to the viscera, often have real bodily causes for their foundation. It is possible that the intestines had always, or, at